

## **REGISTRATION INFORMATION**

2012 – 2013

Thank you for your interest in Immaculate Conception School. Registration for new and kindergarten students will begin on **Tuesday, February 7th (initials A-L) and Thursday, February 9<sup>th</sup> (initials M-Z) from 9-11 A.M. and 3-7 P.M.** in the school auditorium. Registrations will still be accepted after those dates. Interested families should stop by or call the school office (732-251-3090) to arrange to drop off the forms. The age requirement for kindergarten is 5 years old on or before October 31, 2012. This policy is strictly adhered to.

The following registration forms need to be completed when making application to Immaculate Conception School:

1. **REGISTRATION FORM** – Complete one form for each child. **Registration and school fees are \$125 for the first child and \$50 for each additional child.** Please make checks payable to “**Immaculate Conception School.**”

The following information must be presented when registering a child for kindergarten:

- a. Birth certificate
  - b. Baptismal Certificate (not necessary for non-Catholics)
  - c. Current immunization record for review
2. **TUITION FORM** – complete one per family. Please read carefully and sign in the appropriate places.
  3. **INDIVIDUAL PUPIL REQUEST FOR LOAN OF TEXTBOOKS** - Complete one form for each child.
  4. **(B6T) APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION** - Complete one form for each child. **(Proof of residency documentation is also required for student busing. Acceptable documentation can be a copy of a utility bill, property tax bill, driver’s license, etc.)** NOTE: SPOTSWOOD RESIDENTS ARE NOT ELIGIBLE.
  5. **PHOTO/VIDEO/LOCAL MEDIA RELEASE FORM** – Please complete one per family.

Immaculate Conception School  
Spotswood, NJ

REGISTRATION FEE: (NON-REFUNDABLE)

For office use: Cash \_\_\_\_\_ Check \_\_\_\_\_

\$125 FIRST CHILD / \$50 EACH ADDITIONAL CHILD

Grade entered \_\_\_\_\_

STUDENT INFORMATION      Male      Female

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Mom Cell \_\_\_\_\_ Dad Cell \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Religion \_\_\_\_\_

Public School District Student Resides In \_\_\_\_\_

**School History**

Pre-School Attended \_\_\_\_\_ or

Name of school Transferred From \_\_\_\_\_

**Sacramental History**

**Baptism:** Name of church \_\_\_\_\_ Date \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ zip \_\_\_\_\_

First Penance: Name of church \_\_\_\_\_ Date \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

First Communion: Name of church \_\_\_\_\_ Date \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ zip \_\_\_\_\_

**PARISHIONER OF:** \_\_\_\_\_

Parish

City/Town

Zip

**Family Information**

Primary Email address \_\_\_\_\_

**Father** Last Name \_\_\_\_\_ First \_\_\_\_\_

Employer \_\_\_\_\_ City/State \_\_\_\_\_

Work Phone \_\_\_\_\_ Religion \_\_\_\_\_

**Mother** Last Name \_\_\_\_\_ Maiden Name \_\_\_\_\_ First \_\_\_\_\_

Employer \_\_\_\_\_ City/State \_\_\_\_\_

Work Phone \_\_\_\_\_ Religion \_\_\_\_\_

Marital Status \_\_\_\_\_ Custody if applicable \_\_\_\_\_

Language spoken at home \_\_\_\_\_

List 3 people that are available to pick up your child in case you can't be reached

1. \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

IMMACULATE CONCEPTION SCHOOL  
23 MANALAPAN ROAD  
SPOTSWOOD, NEW JERSEY 08884  
(732) 251-3110

## **2012-2013 REGISTRATION**

We are very happy that you have chosen to be part of the ICS Family!  
It is our hope to make your time here at ICS a great experience for you and your child/children.

We have continued to bring our tuition rates in line with the other local Catholic Schools, moving towards the formulas the Diocese uses for multiple children families. Msgr. Joe will be available during the registrations if families have any questions.

Please take time to read all the attached information concerning tuition and fundraising for the next school year. Please complete the *Family Agreement Form* and hand it in.

### **TUITION INFORMATION**

#### **Tuition Classifications**

##### **Practicing Catholics:**

**If you are registered outside Immaculate Conception**, upon verification of active participation by your pastor, you qualify for the Practicing Catholic tuition rate.

##### **If you as a family:**

1. Have completed an I.C. parish registration form
2. Are attending mass on a regular basis
3. Are using the parish envelopes

You qualify for the Practicing Catholic tuition rate.

##### **Others:**

This rate applies to all Non-Catholic families. This rate also applies to all Catholic families, including Immaculate Conception families, that are not registered in the Diocese of Metuchen and/or whose pastor cannot verify their active participation in their respective parish.

**IMMACULATE CONCEPTION SCHOOL**  
**FAMILY AGREEMENT**  
**2012-2013**  
**PLEASE PRINT:**

Student's Last Name: \_\_\_\_\_

Student's First name(s): \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ ( \_\_\_ listed / \_\_\_ unlisted)

Email Address: \_\_\_\_\_

Practicing Catholic \_\_\_\_\_ Parish \_\_\_\_\_

Other \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_

Tuition Payment Method: (check one)

\_\_\_\_\_ Full Payment (\$100.00 Discount)

\_\_\_\_\_ Two Payments (F.A.C.T.S Enrollment)

\_\_\_\_\_ Monthly Payments (F.A.C.T.S Enrollment)

**Tuition Rate:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

## **Practicing Catholics:**

One Child	<b>\$4,100.00</b>
Two Children	<b>\$7,100.00</b>
Three or more Children	<b>\$8,600.00</b>

## **Others:**

One Child	<b>\$5,100.00</b>
Two Children	<b>\$9,100.00</b>
Three or more Children	<b>\$11,600.00</b>

## **Elementary and Pre-K Families**

For families with children enrolled in both Elementary and Pre-K, you will receive a discount on your Pre-K tuition rate. Your discount will be calculated upon registration with the Pre-K.

**REFUNDS:** Tuition refunds will be pro-rated from the time of leaving the school.

**TRANSFERS:** Tuition will be pro-rated from the time a student arrives at the school.

## **TUITION PAYMENT PLANS**

There are three different tuition payment plans available:

**FULL PAYMENT** Checks should be made payable to *Immaculate Conception School* and sent to the parish office in an envelope marked "TUITION". **Full payment is due by August 1, 2012.** **Your invoice will reflect a \$100.00 credit if you choose this option.**

**TWO PAYMENTS** Families may choose to pay the entire tuition in two installments, half of the amount due on **August 1, 2012** and the balance due **December 1, 2012**. This would be done through the F.A.C.T.S. Management Company which establishes automatic payments from your designated bank account. A \$15.00 non-refundable annual enrollment fee is automatically deducted from your account upon receipt of your agreement with F.A.C.T.S.

**MONTHLY PAYMENTS** 12 Monthly payments are made through F.A.C.T.S. Management Company which establishes automatic payments from your designated bank account. A \$38.00 non-refundable annual enrollment fee is automatically deducted from your account upon receipt of your agreement with F.A.C.T.S.

## **MONTHLY PAYMENT SCHEDULE**

		<u>Monthly Payment</u>
<b>Practicing Catholics:</b>		
One Child	<b>\$4,100.00</b>	<b>\$341.66</b>
Two Children	<b>\$7,100.00</b>	<b>\$591.66</b>
Three or more Children	<b>\$8,600.00</b>	<b>\$716.66</b>
 <b>Others:</b>		
One Child	<b>\$5,100.00</b>	<b>\$425.00</b>
Two Children	<b>\$9,100.00</b>	<b>\$758.33</b>
Three or more Children	<b>\$11,600.00</b>	<b>\$966.66</b>

## **REGISTRATION & SCHOOL FEES**

First Child	<b>\$125.00</b>
Each additional	<b>\$ 50.00</b>

## **FUNDRAISING & SERVICE HOURS**

In order to defray the cost of tuition, each family is required to participate in School sponsored fundraising and Service Hours. These requirements will be explained at the time of registration.

**IMMACULATE CONCEPTION SCHOOL  
FUNDRAISING OBLIGATIONS  
2012-2013**

**VOUCHERS**

Every family will be required to purchase \$5,000.00 worth of vouchers this year. This program **COSTS YOU NOTHING** and raises over \$50,000.00 per year for the school. The Vouchers are available for purchase everyday at school during the school year and after Mass every weekend.

**RAFFLE**

Every family is required to purchase a \$100.00 raffle ticket for the Parish Big Bucks Raffle, to be drawn during the Parish Carnival in June. Our goal is to raise over \$50,000.00 for the Church and School.

**SERVICE HOURS**

Each family is now being required to give at least four (4) service hours to staffing the HSA Scramble, The Craft Show or The Parish Carnival. There are many more opportunities to give service to the Parish and School. For more information, please call 732-251-3090. More information will follow.

**BUYING OUT**

A family may choose not to participate in either the fundraising or service hours. Buy outs are to be paid in full with a separate check and received in the rectory by the Full Pay Tuition payment date of **August 1, 2012**. There is no discount to be applied against the Buy Out and any questions should be directed to Dyana Barnosky at the parish office. The Buy outs are as follows:

<b>Fundraising</b>	<b>\$600.00</b>
<b>Service Hours</b>	<b>\$400.00</b>

**IMMACULATE CONCEPTION SCHOOL  
FAMILY AGREEMENT  
FUND RAISING  
2012-2013  
Page 2**

**To satisfy our Fundraising Requirement I agree to:**

\_\_\_\_\_ Purchase \$5,000.00 in Vouchers during the 2012-13 School Year  
and buy a \$100.00 Ticket for the Parish Big Bucks Raffle

\_\_\_\_\_ Pay a \$600.00 Buy out

**To satisfy our Service Hour Requirement I agree to:**

\_\_\_\_\_ To work at least four (4) hours at the Parish Carnival/HSA Scramble/Craft Show

\_\_\_\_\_ Pay a \$400.00 Buy out

**Family Name:** \_\_\_\_\_

**Parent/Guardian signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**(B6T) APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION**

Please submit a separate application for each child to the private school

SCHOOL YEAR 2012-2013 RESIDENT DISTRICT BOARD OF EDUCATION \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
LAST FIRST MIDDLE MONTH DAY YEAR

PARENT OR GUARDIAN \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_  
AREA CODE + NUMBER

HOME ADDRESS \_\_\_\_\_ CITY or TWP \_\_\_\_\_ ZIP \_\_\_\_\_

NEAREST INTERSECTION TO STUDENT'S RESIDENCE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

FULL NAME OF SCHOOL TO BE ATTENDED \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS OF SCHOOL \_\_\_\_\_

STUDENT'S GRADE FOR THE COMING YEAR \_\_\_\_\_ SHORTEST ONE-WAY MILEAGE BETWEEN HOME AND SCHOOL \_\_\_\_\_  
(MEASURED VIA THE SHORTEST ROUTE ALONG PUBLIC ROADWAYS OR WALKWAYS IN MILES AND TENTHS)

DATE SCHOOL OPENS \_\_\_\_\_ CLOSES \_\_\_\_\_ SCHOOL HOURS FROM \_\_\_\_\_ AM TO \_\_\_\_\_ PM  
MILES TENTHS

NAME AND ADDRESS OF LAST SCHOOL OF ATTENDANCE \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE \* FOR PUBLIC SCHOOL USE ONLY**

YOUR APPLICATION HAS BEEN REVIEWED BY THE RESIDENT DISTRICT BOARD OF EDUCATION. THE FOLLOWING DETERMINATION HAS BEEN MADE:

\_\_\_\_\_ TRANSPORTATION WILL BE PROVIDED \_\_\_\_\_ YOU ARE ELIGIBLE FOR PAYMENT IN LIEU OF TRANSPORTATION

\_\_\_\_\_ INELIGIBLE \_\_\_\_\_ (REASON)

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION (B6T) N.J.A.C. 6A:27-2.5**

- IT IS THE OBLIGATION OF THE PARENT OR GUARDIAN OF PRIVATE SCHOOL STUDENTS TO:
    - ANNUALLY OBTAIN THE APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION FROM THE ADMINISTRATIVE OFFICE OF THE PRIVATE SCHOOL FOR EACH STUDENT FOR WHICH TRANSPORTATION SERVICES ARE BEING REQUESTED. SUBMIT A SEPARATE APPLICATION FOR EACH STUDENT.

**NOTE:**

    - IF THERE IS A CHANGE OF HOME ADDRESS, A NEW APPLICATION SHALL BE SUBMITTED TO THE PUBLIC SCHOOL DISTRICT OF RESIDENCE.
    - IF THERE IS A CHANGE IN THE NONPUBLIC SCHOOL OF ATTENDANCE, A NEW APPLICATION SHALL BE SUBMITTED TO THE PUBLIC SCHOOL DISTRICT OF RESIDENCE.
    - COMPLETE THIS APPLICATION AND RETURN IT TO THE PRIVATE SCHOOL ON OR BEFORE MARCH 10<sup>TH</sup> PRECEDING THE SCHOOL YEAR IN WHICH TRANSPORTATION IS BEING REQUESTED.

LATE APPLICATIONS – ANY APPLICATION RECEIVED AFTER MARCH 10<sup>TH</sup> WILL BE A LATE APPLICATION AND MUST BE ACCOMPANIED BY A STATEMENT OF THE REASON FOR LATENESS. ELIGIBLE STUDENTS WILL RECEIVE TRANSPORTATION OR AID IN LIEU OF TRANSPORTATION BASED ON THE DATE THE APPLICATION IS RECEIVED BY THE PUBLIC SCHOOL.
  - IT IS THE OBLIGATION OF THE NONPUBLIC SCHOOL ADMINISTRATOR TO ANNUALLY COLLECT THE APPLICATION AND SUBMIT IT TO THE PUBLIC SCHOOL FROM WHICH TRANSPORTATION IS BEING REQUESTED PRIOR TO MARCH 15<sup>TH</sup>.
  - IT IS THE OBLIGATION OF THE PUBLIC SCHOOL ADMINISTRATOR TO NOTIFY THE PARENT OR GUARDIAN AS TO THE DETERMINATION OF EACH APPLICATION BY AUGUST 1<sup>ST</sup>.
- A DISTRICT BOARD OF EDUCATION SHALL PAY AID IN LIEU OF TRANSPORTATION TO THE PARENT OR GUARDIAN OF AN ELIGIBLE STUDENT ONLY AFTER RECEIVING A SIGNED "REQUEST FOR PAYMENT OF TRANSPORTATION AID" VOUCHER AS PRESCRIBED BY THE COMMISSIONER OF EDUCATION.

Family Name: \_\_\_\_\_

**Immaculate Conception School  
Permission Slip for Photo Release**

**Dear Parent/Guardian:**

**As a way of sharing good things that happen at Immaculate Conception School, we intend to submit press releases and photographs to local newspapers. Please check one of the blanks below, sign the form and return to the classroom teacher.**

**Thank you for your cooperation. We are looking forward to many “photo opportunities” and many good things to share.**

.....

**Student(s)**

\_\_\_\_\_

**Grade(s)**

\_\_\_\_\_

**Yes, I give permission to release photos that include my child(ren).**

**No, I do not give permission to release photos that include my child(ren).**

**Yes, I give permission to release photos that include my child(ren) but, may not release my child(ren)’s name(s).**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**